

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1	1					
2						
3						
4						
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10	1					
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24	1					
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47						
48						
49						
50						
TOTAL INO.	4					
TOTAL DEF.	35					
TOTAL	39					

	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
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TOTAL INO.						
TOTAL DEF.						
TOTAL						

BEST AVAILABLE COPY